

Debtor 1 Jason Gillespie

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: Northern District of Mississippi
(State)

Case number 18-12210-JDW

Official Form 410S2

Notice of Postpetition Mortgage Fees, Expenses, and Charges 12/16

If the debtor's plan provides for payment of postpetition contractual installments on your claim secured by a security interest in the debtor's principal residence, you must use this form to give notice of any fees, expenses, and charges incurred after the bankruptcy filing that you assert are recoverable against the debtor or against the debtor's principal residence.

File this form as a supplement to your proof of claim. See Bankruptcy Rule 3002.1.

Name of creditor: Vanderbilt Mortgage and Finance, Inc. Court claim no. (if known): 2

Last 4 digits of any number you use to identify the debtor's account: 5 4 1 2

Does this notice supplement a prior notice of postpetition fees, expenses, and charges?

☒ No

☐ Yes. Date of the last notice: ____/____/____

Part 1: Itemize Postpetition Fees, Expenses, and Charges

Itemize the fees, expenses, and charges incurred on the debtor's mortgage account after the petition was filed. Do not include any escrow account disbursements or any amounts previously itemized in a notice filed in this case. If the court has previously approved an amount, indicate that approval in parentheses after the date the amount was incurred.

Description	Dates incurred	Amount
1. Late charges		(1) \$ _____
2. Non-sufficient funds (NSF) fees		(2) \$ _____
3. Attorney fees		(3) \$ _____
4. Filing fees and court costs		(4) \$ _____
5. Bankruptcy/Proof of claim fees		(5) \$ _____
6. Appraisal/Broker's price opinion fees		(6) \$ _____
7. Property inspection fees		(7) \$ _____
8. Tax advances (non-escrow)		(8) \$ _____
9. Insurance advances (non-escrow)	10/30/18	(9) \$ <u>396.30</u>
10. Property preservation expenses. Specify: _____		(10) \$ _____
11. Other. Specify: _____		(11) \$ _____
12. Other. Specify: _____		(12) \$ _____
13. Other. Specify: _____		(13) \$ _____
14. Other. Specify: _____		(14) \$ _____

The debtor or trustee may challenge whether the fees, expenses, and charges you listed are required to be paid.
See 11 U.S.C. § 1322(b)(5) and Bankruptcy Rule 3002.1.

Debtor 1 Jason Gillespie Case number (if known) 18-12210-JDW
First Name Middle Name Last Name

Part 2: Sign Here

The person completing this Notice must sign it. Sign and print your name and your title, if any, and state your address and telephone number.

Check the appropriate box.

- ☒ I am the creditor.
☐ I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

x 

Signature

Date 02 / 25 / 2019

Print: Jesse Alan Gasser Title Bankruptcy Specialist
First Name Middle Name Last Name

Company Vanderbilt Mortgage and Finance, Inc.

Address 500 Alcoa Trail
Number Street
Maryville TN 37804
City State ZIP Code

Contact phone (865) 380 - 3000 Email jesse.gasser@vmf.com



GreatAmericanInsurance.com

VANDERBILT MORTGAGE

PO BOX 9800
MARYVILLE TN 37802

DIRECT BILL INVOICE PAST DUE

For billing inquiries, please contact Great American Insurance Direct Bill Customer Service at (800) 847-4357, option 3.

Service hours are 8:00 a.m. to 5:00 p.m. (EST) Monday through Thursday and 8:00 a.m. to 3:30 p.m. on Friday.

For questions regarding policy or premiums, please contact your insurance agency.

JAMES KLEIN INSURANCE SERVICE
200 East Sandpointe
Suite 580
Santa Ana, CA 92707-5746
714-918-0914

201 E 4th St Ste
gate TN
Cincinnati Oh. 45202
Overnight
Address

We have not received your payment of \$1,430.00 that is now past due. To avoid cancellation or expiration of the policy listed below, please remit payment before 11/03/2018. Your coverage will be continued if payment is received by the due date.

MASTER PRODUCER	BILL DATE	DUE DATE	ACCOUNT BALANCE	ACCOUNT PAST DUE
	10/19/2018	11/03/2018	\$1,430.00	\$1,430.00

policy symbol	policy number	policy mod	policy and period subject to cancellation	cancellation effective date	policy balance	past due amount
APK		01-00	Agripak 10/18/2018 - 10/18/2019	11/03/2018	\$ 1,430.00	\$ 1,430.00
TOTAL PAST DUE (minimum amount due):						\$ 1,430.00
TOTAL DUE (if paid in full):						\$ 1,430.00

Please note: The past due amount may include past due premium from other policies or policy terms associated with this account. If you have any questions regarding the amount due, please contact us at (800) 847-4357, option 3.

PAYMENT OPTIONS

PAY BY WEB: To make a one time or recurring payment from your bank account or credit card, please visit <https://mybilling.gaic.com>. This service is free and available 24 hours a day.

PAY BY PHONE: To make electronic check or credit card payments by phone, please call (800) 847-4357, select option 2 or 3 and follow the prompts. The automated payment by phone service is free and available 24 hours a day.

PAY BY MOBILE: To make a one time bank account or credit card payment from your mobile device, please visit www.gaic.com/Policyholder-Services. In the "Mobile Apps" section, please find the app which corresponds to your policy coverage, and then click on the link for your device. This service is free and available 24 hours a day.

AUTOMATIC RECURRING PAYMENT: Automatic Recurring Payment offers a convenient way to have your insurance payment automatically withdrawn from your credit card, checking or savings account. To set up a recurring electronic deduction for your account, please visit <https://mybilling.gaic.com>, or call us at (800) 847-4357, option 3.

PAY BY MAIL: To pay your bill by mail, please send a check payable to "Great American Insurance" with the stub below in the envelope provided. Detach and return this portion with your payment in the envelope provided.

ACCOUNT NUMBER	DUE DATE	PAYMENT IN FULL	MINIMUM AMOUNT DUE	AMOUNT ENCLOSED
	11/03/2018	\$1,430.00	\$1,430.00	

GREAT AMERICAN INSURANCE CO.
SPECIALTY ACCOUNTING
PO BOX 89400
CLEVELAND, OH 44101-6400

☐ address change

check box and fill out back of page

VANDERBILT MORTGAGE

PO Box 9800
Maryville, TN 37802

31202X10660022863199



POLICIES ON THE ACCOUNT

policy symbol	policy number	policy mod	payment plan	number of installments remaining	remaining balance
APK	E269141	01-00	No installments	0	\$ 1,430.00

BILLING DEFINITIONS

PREMIUM AND FEES: New premium charges and/or fees incurred after the date of your last Premium Invoice.

PAYMENTS: Amounts received on account after the date of your last Premium Invoice.

PAST DUE AMOUNT: Minimum amount owed by the Due Date to avoid cancellation or expiration.

PAYMENT IN FULL: Total amount of premium and fees owed on the account as of the date of the current Premium Invoice.

SERVICE CHARGE: Processing or transaction charges added to your account.

TERMS AND CONDITIONS

If the Past Due Amount is not received by the Due Date, a Cancellation will be issued for each delinquent policy.

Payments received after cancellation date will not automatically reinstate the cancelled policy or policies.

This invoice is not a reinstatement of any coverage or policy previously cancelled.

The Company reserves the right to determine whether a cancelled policy will be reinstated following receipt of payment on or after the cancellation date.

A Returned Check Fee of \$25.00 will be added to your account balance for each check returned unpaid by your bank.

BILLING ADDRESS CHANGE

Street Address _____

City _____

State _____ Zip _____



GreatAmericanInsurance.com

VANDERBILT MORTGAGE
PO BOX 9800
MARYVILLE TN 37802

NOTICE OF EXPIRATION

date mailed 10/19/2018

For billing inquiries, please contact Great American Insurance Direct Bill Customer Service at (800) 847-4357, option 3.

Service hours are 8:00 a.m. to 5:00 p.m. (EST) Monday through Thursday and 8:00 a.m. to 3:30 p.m. on Friday.

*For questions regarding policy or premiums,
please contact your insurance agency.*

JAMES KLEIN INSURANCE SERVICE
200 East Sandpointe
Suite 580
Santa Ana, CA 92707-5746
714-918-0914

NAMED INSURED: JASON GILLESPIE
756 Skating Rink Road
Red Banks, MS 38661

ACCOUNT NUMBER: 660022883

POLICY SYMBOL	POLICY NUMBER	POLICY MOD	DESCRIPTION	POLICY PERIOD	INSURANCE CO
APK	E269141	01-00	Agripak	10/18/2018 - 10/18/2019	Great American Insurance Company

Although we are anxious to service your insurance needs, we did not receive your payment for this policy renewal. Therefore, this policy will not be renewed and will expire effective at **10/18/2018 at 12:01 A.M.** Eastern Standard Time.

If a payment of \$1,430.00 is received by 11/03/2018, we will renew your policy APK E269141 01-00, 10/18/2018 - 10/18/2019.

1155412



CERTIFICATE OF SERVICE

February 25, 2019

I, Jesse Gasser, of Vanderbilt Mortgage and Finance, Inc., do hereby certify that I have this date provided a copy of the foregoing Notice of Postpetition Mortgage Fees, Expenses and Charges either by electronic case filing or by United States mail postage pre-paid to the following:

Jason Gillespie
756 Skating Rink Rd
Red Banks, MS 38661
Debtor

Robert H Lomenick Jr
Attorney for the Debtor
Notified by Electronic Case Filing

Locke D Barkley
Chapter 13 Trustee
Notified by Electronic Case Filing

/s/Jesse Gasser



Vanderbilt Mortgage and Finance, Inc.

PO Box 9800, Maryville, TN 37802 • 500 Alcoa Trail, Maryville, TN 37804 • www.vmf.com
Phone: 865.380.3000 • Fax: 865.380.3750 • Toll Free: 800.970.7250 • Federal Tax ID#: 62-0997810

